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No 15 Feb 25th

Hepatitis #8

Benjn Pennock
Mrs George 235 Market St

B Jones — Pa

Benjn. Jones Pennock
admitted March 6th 1820.

# On Hepatitis.

Hepatitis is known by pyrexia, pain in the right side, sometimes very acute as in Pleurisy, at other times dull; pain in the clavicle & right shoulder, difficult respiration, uneasiness in laying on the left side, dry cough, vomiting, and frequently a considerable degree of jaundice.

This disease is divided into two kinds, viz the Acute and Chronic - The former is attended with all the marks, indicating genuine inflammation, while the latter often exists without shewing such violently inflammatory symptoms, and often, for some length of time, without being much complained of by the patient.

The causes of hepatitis, are generally similar to those which give rise to other cases of inflammation, such as cold externally or internally applied, violent exercise, violent summer heats, hence one source of its frequency

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in warm climates; external violence and especially of that kind producing injuries of the brain, protracted cases of intermittent and remittent fevers, suppression of customary evacuations, intense study, intemperance in the use of food, of vinous or of spirituous liquors, & particularly the latter, and solid concretions in the substance of the liver. A depraved condition of the stomach is said to give rise to hepatitis; It is probable however, that dyspepsia oftener exists as the consequence than as the cause, of diseases of the liver.

Acute hepatitis may be known by a pain in the right hypochondrium more or less acute, augmented by pressure, and extending to the clavicle and shoulder commonly of the right side, but sometimes of the left; attended with chilliness, cough mostly dry; difficulty of respiration & of laying on the left side, often attended with

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nausea and vomiting of bilious matter; bowels generally constipated, and stools of a clay colour, urine small in quantity and of a saffron colour; loss of appetite, thirst and a full, frequent & hard pulse; skin hot and dry, & the tongue covered with a white or yellowish coloured fur; Sometimes in a few days the skin & eyes become tinged of a yellowish hue, which probably only takes place where the biliary ducts are obstructed by calculous concretions, inspissated bile or spasm, and the bile which is secreted, is thereby prevented from passing through them into the intestines.

Blood drawn in this complaint, exhibits a thick buff coat approaching to a greenish hue. I think I have seen a thicker buff coat on blood drawn in this disease than in any other I have witnessed.—

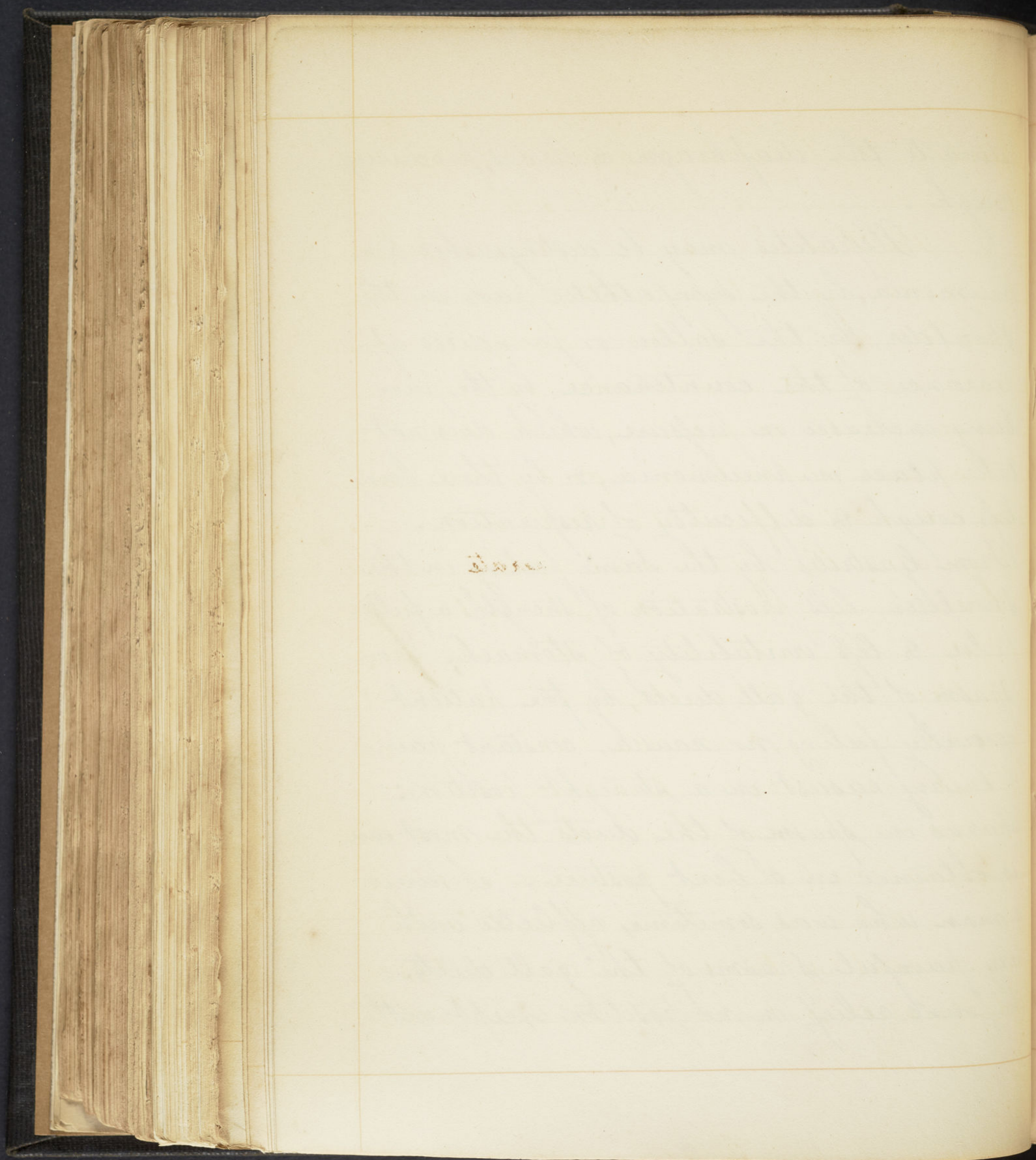
All the symptoms mentioned above as

indicating hepatitis, do not occur in every in-
-stance, nor with the same degree of violence.
The fever in some cases is violent, in others
mild. In some the pain in the shoulder
& side is distressing, in others it is scarcely
perceptible. In one case I knew the pain to
be excruciating in the shoulder, while in
the side there was little or none existing.
On examination, the hypochondriac region
was found somewhat swollen, & pain was
excited by pressure. In one acute case of
considerable violence, which succeeded
chronic hepatitis, there was but little
augmentation of pain in the side, and a
total absence of it in the shoulder & cla
-vicle.-

When the pain is dull, the deep paren-
-chymatous portion of the liver is supposed to
be affected, & where acute the surface is
the seat of inflammation, which is apt to

extend to the diaphragm & lungs, producing cough.

Hepatitis may be distinguished from pneumonia, by the sympathetic pain in the shoulder, by the sallow or jaundiced appearance of the countenance, by the pain being increased on pressure, which does not take place in pneumonia, & by there being less cough & difficulty of respiration. From Gastritis by the same feeling in the shoulder, less prostration of strength a fuller pulse & less irritability of stomach. From spasm of the gall ducts, by the patient generally feeling no nausea, constant pain & laying easiest in a straight position: whereas in spasm of the ducts the most ease is obtained in a bent posture. I knew a man who was sometime afflicted with very painful spasms of the gall ducts, he found relief in no position except with



his body bent over the back of a chair, resting his whole weight on his right side.

The terminations of hepatitis differ in no respect from those of other inflammations; they may be in resolution, suppuration gangrene or schirrus. Terminations in gangrene are said to be rare, & that of schirrus, forming chronic obstructions, more common. In warm climates the tendency to suppuration is greater than in more temperate ones, but it sometimes occurs in the latter. There is no definite period however at which suppuration will take place, as it is much influenced by the remedies, climate & degree of inflammation. This disease is sometimes carried off by hamorrhage from the nose or hamorrhoidal tumors, by copious sweating, bilious diarrhoea & by a copious deposition of sediment in the urine. Erysipelatous inflammation appearing on some external part

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is said to have arrested it.

A gradual abatement of the fever, reabsorption of bile the countenance becoming thereby more natural, & a return of appetite, and strength are favourable symptoms. Intense pain in the hypochondriac region, heat, thirst, dry skin, full & frequent pulse and frequent rigors, denote the accession of suppuration and a cessation of pain, sense of weight in the part, increase of fever in the evening, flushing of the face, night sweats and other hectic symptoms, inform us of its having actually taken place. Hiccup, cold extremities, cold clammy sweats, & a feeble sinking pulse are indications of gangrene. When suppuration has actually taken place the contents of the abscess may be discharged by adhering to the neighbouring parts, either externally, into the stomach producing purulent evacuations by vomiting & stool, or into the cavity of the

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thorax, & produce purulent expectoration - When it discharges into the cavity of the abdomen it proves fatal -

Venesection proportioned to the violence of the inflammation, is of primary importance in acute hepatitis - The quantity drawn should be regulated by the pain, pulse & degree of fever & repeated as often as the symptoms may demand - In one case I knew ten pounds of blood to be drawn in twelve days; on every day of the disease except the fifth & ninth, on which days the patient was not visited, venesection was demanded by the symptoms - The pulse here was the principle standard, regulating the practice as there was but little pain, & the heat of the skin was not great - After drawing from twelve to sixteen or eighteen ounces the pulse would be reduced, but on each succeeding day the demand for vene-

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-section appeared as urgent as before. Under this repeated depletion, the patient retains considerable strength, which I think tends to prove that we need not withold the lan-
-cet in advanced stages of acute inflamma-
-tion, merely because the disease is advan-
-ced, but that we may bleed without refer-
-ence to its continuance, if the symptoms demand it. After bleeding in due quanti-
-ties cathartics must be given. Calomel and jallap or calomel with an infusion of senna are reccommended. When there still remains some fever & pain in the right side after general bloodletting has been practised as far as is expedient; topical bleeding with cups or leeches may be had recourse to. Where the patient has been reduced by some chron-
-ic disease and is in a weak condition, it is considered as most eligible to trust alone to topical bleeding; but where the patient

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is of a plethoric habit & vigorous constitution, with a pulse full and strong, the case will bear bleeding to a great amount; even four pounds Dr Caldwell says have been drawn at once. By neglecting to bleed we endanger suppuration. In warm climates venesection cannot be employed to the same extent as in more temperate ones.

As one of the auxiliary depleting measures diaphoretics may be resorted to after venesection has been carried to a proper extent; if given before, they add to the distress of the patient. The antimonial preparations answer very well, & if necessary the vapour bath may also be used. Blisters should be applied to the right hypochondrium, observing the same precaution with regard to their use as should be observed in the administration of diaphoretics, never to apply them untill arterial action is reduced by other means.

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If this precaution is not observed, the blister will render the condition of the patient more uncomfortable, & will often fail to produce vesication.

A succession of blisters are reccommended in preference to keeping them open by irritating ointment. The antiphlogistic regimen or plan of treatment is to be rigidly pursued, especially where the febrile symptoms are severe; the bowels are to be kept open throughout the complaint, & the warm bath & fomentations may be used.

It is advised to postpone the use of mercury until the febrile symptoms have been reduced by direct deptetion; this is probably the most correct practice, but I have seen a few severe cases where the mercury was given from the commencement of the disease, without waiting for the reduction of the pulse & other febrile symptoms, — salivation was produced and the patients recovered without sustaining any manifest injury from this

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plan of treatment. It was the plan of the late Dr Wistar to give calomel in the first stages of this disease with a view of obtaining its salivant effects without regard to the state of the arterial system, at the same time making use of venesection general & topical, blistering &c - He alleged that by introducing the mercury into the system under those circumstances ~~that~~ the salivant effects of the medicine would be obtained as soon as inflammatory action was reduced, or in other words the system brought down to the point of salivation, and that the time was saved which must have necessarily elapsed between the reduction of febrile action & the production of salivation under the opposite mode of treatment - Dr Rush opposed this practice, saying, it was like fighting one hand against the other that it was stimulating and depleting at the same time - The

opinion of Dr Chapman drawn from his experience is, that in ordinary cases of not much violence mercury may be given early, but in cases of high inflammatory action copious depletion should preceed the use of mercury.

It is not thought necessary to carry the salivation to any great extent, except where there remains a degree of pain & uneasiness in the region of the liver; a moderate salivation should then be continued for some weeks. When notwithstanding all our remedies, suppuration is about taking place, it is proper to relinquish the depleting measures and have recourse to bark, wine and a generous diet to promote the formation of healthy pus, and poultices should be applied to the side in order that the abscess may point externally.

Chronic Hepatitis is known by a dull

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heavy pain in the right side, also a sympathetic pain in the Shoulder, loss of appetite, emaciation indigestion, costiveness, flatulency, clay coloured stools, sallowness of the skin and eyes, high coloured urine and some difficulty of breathing. These symptoms however are often so mild as not to be complained of by the patient and suppuration has taken place, as confirmed by dissections, without there being any reason to suspect it from the feelings of the patient.

The most effectual cure for chronic hepatitis is the continued use of mercury, which however should be preceeded by the use of the lancet if the symptoms demand it. This form of the disease as it appears amongst us, is often attended with considerable arterial action, which renders venesection one of our preliminary resources; in robust constitutions this operation may be repeatedly used with advantage. Mercury should

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then be administered until a moderate sal-
-ivation is excited which should be kept up
for several weeks if the symptoms require
it. If however the patient's strength should
become exhausted by this continued mercurial
impression, it is advised to postpone the use
of the medicine for a time, and again recom-
mence & continue it as long as required.
As an auxiliary remedy blisters to the side
are beneficial or what is still more reccom-
mended, is, the use of a seton or an issue,
& particularly the former. Nitric acid
has been employed in this form of hepatitis,
and is considered as a good substitute in those
cases where the mercury cannot be given,
from some peculiarity in the patients consti-
-tution, or where there is a scorbutic tenden
-cy. Would it not be a good tonic in those
debilitated states of the System which so of-
-ten exist after the ravages of the acute or

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chronic forms of this complaint? The expressed juice of the dandelion (Leontodon Taraxacum) has also been given in this disease to the amount of one gill to half a pint a day. In one case I knew the infusion to be given where bleeding, blistering & a salivation had failed to remove all the Symptoms, there still remained a slight pain and degree of soreness in the right hypochondrium for three or four weeks after the employment of those remedies. A draught of the strong tea of the dandelion was directed to be taken several times through the day & the symptoms soon ceased - This article in this case was used under circumstances not calculated to give it a fair trial, as the patient might have recovered in consequence of the remedies previously administered - Setons long continued in the right side Dr Caldwell says have cured after other remedies had failed.

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Those who are so unfortunate as to be afflic-
-ted with this complaint must abandon
the excesses of the bowl and table, avoid
late hours, & hard study, and must lead
a temperate life free from excesses of every
kind. Moderate exercise should be used &
flannel worn next the skin. The bowels
should be kept regular, without the use
of medicine if possible, if not rhubarb
& castile soap should be given as the best
remedy for effecting this end.